

Veterans Affairs



Transition Assistance Program

VATAP

VA Transition Assistance Program

A Premier Program
funded by congress
administered by Veterans Affairs
Conducted by Heritage Counseling Services
to provide you
professional, experienced counselors
and
top quality testing material
to assist you in
Career Discovery

Apply now with VA Form 28-8832 TAP/DTAP



Approved No. 2900-0265
Reportant Burden: 5 minutes

APPLICATION FOR COUNSELING

PRIVACY ACT INFORMATION: This application is authorized by law 35 U.S.C. 1797A. While you do not have to submit this form to receive counseling, submission of this information will aid in determining your eligibility for counseling and in providing you with information from any other program or service that may be available. VA may give the information to anyone outside VA unless otherwise required by law. VA may release the information under the Privacy Act. Authorization includes the routine uses shown in VA system of records SEVA21/J2, Compensation, Pension, Education and Rehabilitation Records System. VA publishes in the Federal Register that VA may check the information you submit by computer matching programs with other agencies. This computer matching may be used to verify the information you provide and to determine if you are overpaid. Counseling services are provided free of charge and no payment is required. Requests for benefits are made through the VA Office of Compensation and Eligibility, 810 Vermont Avenue, Washington, DC 20420; and to the Office of Management and Budget, Paperwork Reduction Project (2900-0265), Washington, DC 20420. Do NOT send this completed application or any other requests for benefits to these addresses.					
1. FIRST NAME — MIDDLE NAME — LAST NAME OF VETERAN	2. SOCIAL SECURITY NUMBER		3. VA FILE NUMBER (If known)		
	Full		Blank		
4. MAILING ADDRESS (No. and street or route, city, state and ZIP Code)	5. HOME TELEPHONE NUMBER	6. WORK TELEPHONE NUMBER	7. DATE OF BIRTH		
	Social				
9. PERMANENT ADDRESS (If different than Item 4)	8. VA OFFICE WHERE RECORDS ARE LOCATED (If known)		10. SEX		
			<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		
11. SERVICE INFORMATION <i>(Enter the following information for each period of active duty. Attach a copy of your DD 214 if one is not already on file with VA.)</i>					
SERVICE NUMBER <i>(Prefix and Suffix) (A)</i>	BRANCH OF SERVICE (B)	DATE ENTERED ACTIVE DUTY (C)	DATE SEPARATED FROM ACTIVE DUTY (D)	TYPE OF SEPARATION OR DISCHARGE (E)	GRADE OR RANK AT SEPARATION OR DISCHARGE (F)
Blank			Actual separation	HON	
12. VA TRAINING BENEFITS PREVIOUSLY APPLIED FOR					
<input type="checkbox"/> A. NONE <input type="checkbox"/> B. VOCATIONAL REHABILITATION (<i>Chapter 31</i>) <input type="checkbox"/> C. VETERANS EDUCATIONAL ASSISTANCE (<i>Under chapters other than Chapter 31</i>) <input type="checkbox"/> D. DEPENDENTS EDUCATIONAL ASSISTANCE (<i>Chapter 35</i>)					
I authorize release of school and testing records to the VA for use in counseling me. I am within 6 months of expected release or discharge under other than dishonorable conditions.					
13. DATE If within six months	14. SIGNATURE OF APPLICANT (Sign in ink. Do not print) Must sign to be approved				
FOR VA USE ONLY ►		CLAIM STATUS ►		DATE REFERRED TO VR&C ►	

VA FORM 28-8832
AUG 1991

SUPERSEDES VA FORM 28-8832, SEP 1989,
WHICH WILL NOT BE USED.

*U.S. GPO:1991-313-106/52011

033436

Email (Print neatly):

Cell Phone:

Date that you are leaving Hawaii:

Desired start date:

Career Discovery

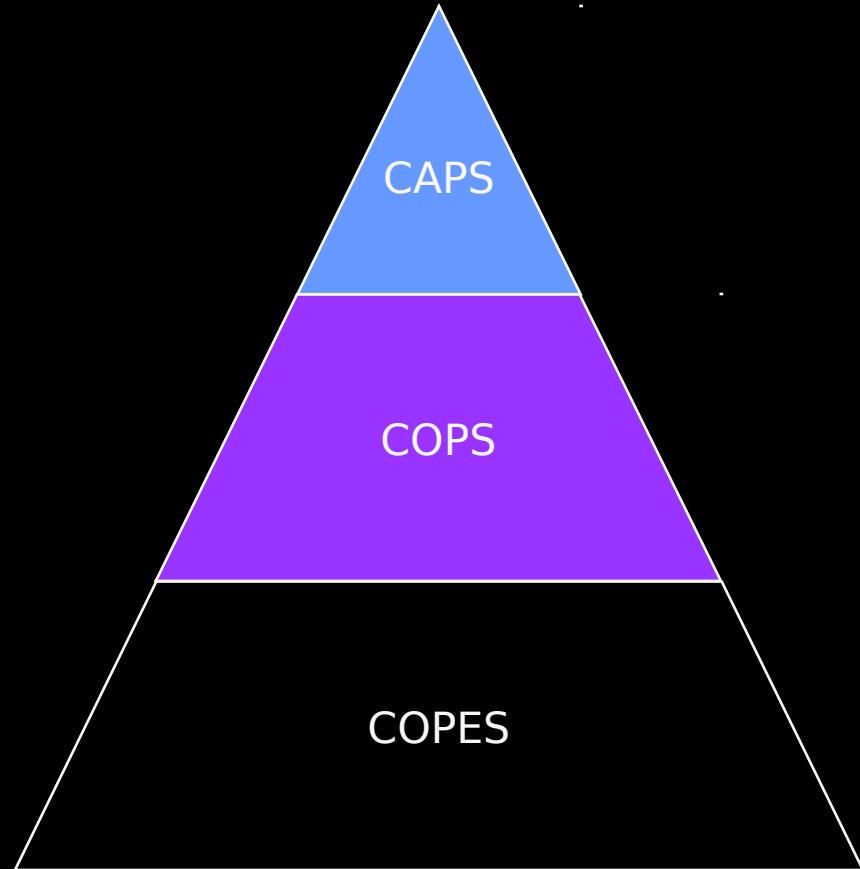
Wise career decisions
are based upon
accurate and current
information about
yourself

The Career Triathlon

Discover or Re-confirm
Current Abilities
Interests
Values

The Career Triathlon

- CAPS:
Current abilities
- COPS:
Interests
- COPES:
Values



Qualifications

Active Duty

Within six months of separation

Apply early for reservations

The Location:

Hickam AFB

Main Chapel

Room 10

Apply now with VA Form 28-8832 TAP/DTAP



Approved No. 2900-0265
Reportant Burden: 5 minutes

APPLICATION FOR COUNSELING

PRIVACY ACT INFORMATION: This application is authorized by law 35 U.S.C. 1797A. While you do not have to submit this form to receive counseling, submission of this information will aid in determining your eligibility for counseling and in providing you with information from any other program or service that may VA give the information to anyone outside VA unless otherwise required by law. VA will use the information on this Privacy Act releases include the routine uses shown in VA system of records 28VA21/J2, Compensation, Pension, Education and Rehabilitation Records System. VA may check the information you submit by computer matching programs with other agencies. This computer matching may be to verify the information you provide and to determine if you are over the Counseling limit. You are responsible for any costs associated with this computer matching.					
CONFIDENTIALITY: Public reporting burden for this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, searching for information, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Office of Management and Budget, Paperwork Reduction Project (2900-0265), Washington, DC 20503. Do NOT send this completed application or any other requests for benefits to these addresses.					
1. FIRST NAME — MIDDLE NAME — LAST NAME OF VETERAN		2. SOCIAL SECURITY NUMBER		3. VA FILE NUMBER (If known)	
				C- Blank	
4. MAILING ADDRESS (No. and street or route, city, state and ZIP Code)		5. HOME TELEPHONE NUMBER		6. MOBILE TELEPHONE NUMBER	
				7. DATE OF BIRTH Blank	
8. VA OFFICE WHERE RECORDS ARE LOCATED (If known)					
9. PERMANENT ADDRESS (If different than Item 4) Blank					
10. SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE					
11. SERVICE INFORMATION <i>(Enter the following information for each period of active duty. Attach copy of your DD 214 if one is not already on file with VA.)</i>					
SERVICE NUMBER (Prefix and Suffix) (A)	BRANCH OF SERVICE (B)	DATE ENTERED ACTIVE DUTY (C)	DATE SEPARATED FROM ACTIVE DUTY (D)	TYPE OF SEPARATION OR DISCHARGE (E)	GRADE OR RANK AT SEPARATION OR DISCHARGE (F)
12. VA TRAINING BENEFITS PREVIOUSLY APPLIED FOR					
<input type="checkbox"/> A. NONE <input type="checkbox"/> B. VOCATIONAL REHABILITATION (Chapter 31) <input type="checkbox"/> C. VETERANS EDUCATIONAL ASSISTANCE (Under chapters other than Chapter 31) <input type="checkbox"/> D. DEFENSE EDUCATIONAL ASSISTANCE (Chapter 35)					
If within six months Must sign to be approved I authorize release of school and testing records to the VA for use in counseling me. I am within 6 months of expected release or discharge under other than dishonorable conditions.					
13. DATE		14. SIGNATURE OF APPLICANT (Sign in ink. Do not print)			
FOR VA USE ONLY ►		CLAIM STATUS ►		DATE REFERRED TO VR&C ►	

VA FORM 28-8832
AUG 1991

SUPERSEDES VA FORM 28-8832, SEP 1989,
WHICH WILL NOT BE USED.

*U.S. GPO:1991-313-106/52011

033436

Email (Print neatly):

Cell Phone:

Date that you are leaving Hawaii:

Desired start date:

The Success Triathlon

VATAP

VATAP@SuccessDiscovery.com

623-2400

Veterans Affairs



Transition Assistance Program

VATAP